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<b>Effective on 12/08/2004.</b> <b>Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).</b>		<b>Complete if Known</b>		
<b>FEE TRANSMITTAL</b> <b>For FY 2009</b>		Application Number	10/565,210-Conf. #9182	
		Filing Date	January 20, 2006	
		First Named Inventor	ELIAS, Benjamin N.	
		Examiner Name	PHAM, Emily P.	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Art Unit	2838	
TOTAL AMOUNT OF PAYMENT	(\$)	130.00	Attorney Docket No.	22409-00312-US

<b>METHOD OF PAYMENT</b> (check all that apply)					
<input type="checkbox"/> Check <input checked="" type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____					
<input type="checkbox"/> Deposit Account   Deposit Account Number: <u>22-0185</u> Deposit Account Name: <u>Connolly Bove Lodge &amp; Hutz LLP</u>					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
<input type="checkbox"/> Charge fee(s) indicated below			<input type="checkbox"/> Charge fee(s) indicated below, <b>except for the filing fee</b>		
<input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17			<input checked="" type="checkbox"/> Credit any overpayments		

<b>FEE CALCULATION</b>							
<b>1. BASIC FILING, SEARCH, AND EXAMINATION FEES</b>							
<b>FILING FEES</b> <b>SEARCH FEES</b> <b>EXAMINATION FEES</b>							
<b>Small Entity</b> <b>Small Entity</b> <b>Small Entity</b>							
<b>Application Type</b>	<b>Fee (\$)</b>	<b>Fees Paid (\$)</b>					
Utility	330	165	540	270	220	110	_____
Design	220	110	100	50	140	70	_____
Plant	220	110	330	165	170	85	_____
Reissue	330	165	540	270	650	325	_____
Provisional	220	110	0	0	0	0	_____
<b>2. EXCESS CLAIM FEES</b>							
<b>Fee Description</b>							
Each claim over 20 (including Reissues) <b>Small Entity</b> <b>Fee (\$)</b> <b>Fee (\$)</b> 52      26							
Each independent claim over 3 (including Reissues) <b>Fee (\$)</b> <b>Fee (\$)</b> 220      110							
Multiple dependent claims <b>Fee (\$)</b> <b>Fee (\$)</b> 390      195							
<b>Total Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> <b>Multiple Dependent Claims</b> 34      - 38 =      x      = <b>Fee (\$)</b> <b>Fee Paid (\$)</b>							
HP = highest number of total claims paid for, if greater than 20.							
<b>Indep. Claims</b> <b>Extra Claims</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> 3      - 7 =      x      = <b>Fee (\$)</b> <b>Fee Paid (\$)</b>							
HP = highest number of independent claims paid for, if greater than 3.							
<b>3. APPLICATION SIZE FEE</b>							
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
<b>Total Sheets</b> <b>Extra Sheets</b> <b>Number of each additional 50 or fraction thereof</b> <b>Fee (\$)</b> <b>Fee Paid (\$)</b> _____ - 100 = _____ /50 = _____ (round up to a whole number) x _____ = _____ <b>Fees Paid (\$)</b>							
<b>4. OTHER FEE(S)</b>							
Non-English Specification, \$130 fee (no small entity discount)							
Other (e.g., late filing surcharge): <u>1251 Extension for response within first month</u> <u>130.00</u>							

<b>SUBMITTED BY</b>						
Signature	/Michael G. Verga/		Registration No. (Attorney/Agent)	39,410	Telephone	(202) 331-7111
Name (Print/Type)	Michael G. Verga		Date	July 2, 2010		